

**New Jersey Department of Health and Senior Services
New Jersey Department of Agriculture
WIC AND SENIORS FARMERS' MARKET NUTRITION PROGRAM
APPLICATION FOR PARTICIPATION**

Name of Owner		Telephone Number	
Permanent Mailing Address		County	
City		State	Zip Code
Do you have a minimum of 5 acres in production? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is your farm enrolled in the Farmland Preservation Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a member of a Farmers' Market Council? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: _____			
What provisions are available to assist persons with disabilities?			
FARMSTAND OR PERMANENT MARKET LOCATIONS			
1	Market Name and Address		Telephone Number
			Type of Market <input type="checkbox"/> Permanent <input type="checkbox"/> Farmstand
	Name of Person Responsible for FMNP Matters	Title	
	Opening Date	Hours THU _____ AM to _____ PM	
	Closing Date	MON _____ AM to _____ PM TUE _____ AM to _____ PM WED _____ AM to _____ PM FRI _____ AM to _____ PM SAT _____ AM to _____ PM SUN _____ AM to _____ PM	
2	Market Name and Address		Telephone Number
			Type of Market <input type="checkbox"/> Permanent <input type="checkbox"/> Farmstand
	Name of Person Responsible for FMNP Matters	Title	
	Opening Date	Hours THU _____ AM to _____ PM	
	Closing Date	MON _____ AM to _____ PM TUE _____ AM to _____ PM WED _____ AM to _____ PM FRI _____ AM to _____ PM SAT _____ AM to _____ PM SUN _____ AM to _____ PM	
FARMERS MARKETS			
1	Market Location	Day of Week	Hours of Operation
2	Market Location	Day of Week	Hours of Operation
3	Market Location	Day of Week	Hours of Operation
Are you interested in selling your produce at local WIC clinics? <input type="checkbox"/> Yes <input type="checkbox"/> No			

WIC AND SENIORS FARMERS' MARKET NUTRITION PROGRAM
APPLICATION FOR PARTICIPATION, CONTINUED

CROPS GROWN

List the types of crops you expect to grow (must grow at least 7 types):

Vegetables

Fruits

[illegible]

Has any owner, manager or relative(s), or the business ever been charged, sanctioned or sentenced (suspension, disqualification, fine, etc.) for violations of the Food Stamp Program?

☐ Yes ☐ No

If Yes, date: _____

Are you currently a Food Stamp Vendor?

☐ Yes ☐ No

If Yes, Authorization Number: _____ Date of Authorization: _____

Has any owner or manager been convicted of a felony in the past three (3) years?

☐ Yes ☐ No

Has any owner or manager been convicted of Federal, State or local tax violations in the past three (3) years?

☐ Yes ☐ No

CERTIFICATION BY APPLICANT

To the best of my knowledge, all of the above information is true. I understand that any false statements made herein may result in the denial or withdrawal of my approval to participate in the WIC and Seniors Farmers' Market Nutrition Program. I understand that if my application is approved for a Vendor Agreement, I will be bound by WIC and Seniors FMNP Program regulations and policies including, but not limited to:

- 1 attending vendor training;
- 2 training my employees in WIC and Seniors FMNP procedures;
- 3 periodically being monitored; and
- 4 redeeming WIC and Seniors FMNP checks properly.

I understand that this is only a request for a vendor agreement and is not binding at this time. I understand that the WIC and Seniors FMNP Program will consider the enclosed Selection Criteria when evaluating my application. I understand that if I am selected for Program participation, the New Jersey WIC Seniors FMNP Program does not guarantee a specific amount of business.

Name of Owner (Print)

Title

Signature of Owner or Authorized Agent

Date
